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ABSTRACT

In September 1987, a task force met to review and prepare recommendations on the human immunodeficiency virus (HIV) training needs within the public health field. Representatives on the task force included public health leaders from academia, state agencies, city and local health departments, public health associations, and individuals with extensive experience in the area of Acquired Immune Deficiency Syndrome (AIDS). The group concluded that extraordinarily high unmet training needs exist among public health professionals, both in schools of public health and in the field. Identified needs included monitoring the epidemic, setting local policy, and coordinating the delivery of public education and services to those at highest risk. These roles require appropriate training of health department staff in the areas of AIDS education; the design of culturally sensitive interventions; interpretation of data concerning the epidemic; and the development of policy and planning strategies for addressing the future course of the epidemic. The task force submitted 31 recommendations for increased training in the following areas: (1) state and local health departments; (2) community-based providers and organizations; (3) schools of public health; and (4) government and legislative initiatives. (KC)

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# Task Force Report

# on

# HIV/AIDS

# and

# Education for Public Health

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Task Force Report
on
HIV/AIDS
and
Education for Public Health

SUMMARY

On September 28, 1987, the Public Health Task Force on HIV-related Training Needs met to review and prepare recommendations on the HIV training needs within the public health field. Representation included public health leaders from academia, state, city and local health departments, key public health associations and numerous individuals with extensive experience on the "front line" of the AIDS epidemic (see Appendix I for Task Force membership). In addition, four representatives of the Public Health Service were present for all or a portion of the session (Appendix II). The Task Force reviewed HIV training needs in schools of public health, training needs for practicing public health professionals, the role of public health professionals in containing the epidemic and their role with respect to ethical and legislative issues (Appendix III).

The group concluded that extraordinarily high unmet training needs exist among public health professionals, in both schools of public health and in the field. While there are many overlapping training needs between public health professionals and other health professions, certain unique needs were identified.

The nation's state, city and local health departments play a principal role in monitoring the epidemic, in setting local policy concerning the associated issues and in coordinating the delivery of public education and services to those at highest risk and PLWA's (Persons Living with AIDS). These roles require appropriate training of health department staff in the areas of: AIDS education; the design of culturally-sensitive interventions; interpretation of data concerning the epidemic; and in the development of policy and planning strategies for adequately addressing its projected future course. While in some large urban cities and high population states, health departments are reasonably well staffed to address these many functional areas, the vast majority lack at the present time the full spectrum of expertise and human resources to confront the future HIV-related needs of their communities.

The process of developing policy and planning for AIDS must include the communities that are overrepresented among the AIDS cases. At the community level, public health professionals in community-based provider agencies (Community Health Centers, Primary Care Centers, etc.) are often fulfilling the role of "family doctor" for a substantial proportion of communities and neighborhoods. These individuals, too, largely lack adequate training to address the problem of HIV infection in their communities, particularly with regard to community needs assess-

ment, community awareness of risk and the provision of preventive and primary HIV related care. As providers which often have considerable ties with both community leaders and local grass roots organizations, they have the potential to fulfill a critical public health role in the containment and prevention of HIV infection.

With respect to the nation's schools of public health, the task force identified numerous roles in training professionals, both in formal educational programs, and through continuing education activities. Only 25% of practicing health professionals have formal training in public health and most rely upon universities and public health associations for their continuing education needs. The schools of public health, together with other appropriate university schools and departments, public health associations, community leaders and federal, state, city and local health departments must form a partnership to meet the urgent training needs of these groups.

Finally, health professionals need to play an increasingly influential role in governmental and legislative efforts that impact on AIDS-related planning and policy initiatives. Cooperative agreements must be established and mechanisms must be put in place to assure access to national health data bases. Health surveys underway should be expanded to sample for AIDS-related data. It is equally important for public health professionals to continue their ongoing dialogue with lawmakers to assure that legislation on AIDS continues to be consistent with consensus public health principles and that increased AIDS funding is made available on the federal, state and local levels.

In the following report, the Task Force submits its recommendations concerning specific steps which should be taken to address these training needs, outlines the rationale for these actions and elaborates on the benefits which could accrue.

In summary, the recommendations are:

## STATE AND LOCAL HEALTH DEPARTMENTS

1. The highest priority groups for HIV training are local health department staff, public health nurses, public health teachers (in schools), community health center staff, family planning clinic staff, methadone maintenance clinic staff, staff of primary care centers, and physicians in independent practices. Though not practicing health professionals, community-based organizations (both AIDS and non AIDS-related) were also identified as a high priority target audience in light of their extensive contact with higher risk groups.

2. Strongly interdisciplinary training and education programs should be conducted, focusing on the functional public health roles of prevention, policy and treatment.

3. Local health departments, health professions schools, law schools and various professional associations should cooperate to provide assistance to employers in developing AIDS policies for their organization.

4. Health departments must develop and implement within their locales a comprehensive program of monitoring the epidemic, implementing community-based prevention programs, and coordinating the provision of care in cooperation with local providers.

5. A mechanism must be created to assist state health departments in designing and implementing reliable serosurveys. Academically based epidemiologists and biostatisticians must be brought into greater partnership with federal, state and local health departments to realize this objective.

6. In light of the critical role health departments and other public health professionals play in planning for and assuring the delivery of comprehensive services to persons with AIDS, all training programs must include training on the fiscal, administrative and organizational impact on the health care system of the increasing prevalence of AIDS.

## COMMUNITY-BASED PROVIDERS/ORGANIZATIONS

1. All AIDS educational and service programs must take into account the broader social context within which this epidemic is occurring and reflect an appreciation of the myriad culturally-specific responses to AIDS and the need to adapt material, programs and research activities to reflect cultural differences. All educational programs, whether designed for professionals or the public, must include front line people (i.e., gay and minority leaders) to insure that the many facets of the epidemic are appreciated.

2. The Task Force endorsed the notion that all communities must have extensive education of local public health professionals and the public, in light of the predicted spread of the epidemic. However, most believed greater emphasis must be placed on health professionals who provide services to at-risk groups, adolescents and sexually active young persons.

3. Creative use of community-based organizations, visible role models (i.e., athletes, entertainers and community leaders) and local health providers is urgently needed to reach at-risk youth, many of whom are not in school.

4. There must be a marked expansion of the involvement of health professionals and community leaders from the groups that are represented in the AIDS cases in policy and planning roles.

5. Association representatives on the local level, together with community agencies, the local health department, community-based AIDS organizations and health professions schools should form community-wide task force groups to provide health professions training and train-the-trainer programs for community-based groups (e.g., churches, schools, social clubs), thereby producing a multiplier effect.

6. These community-wide task forces should also endeavor to assist continuing education programs being organized by various health professions to insure, to the maximum extent feasible, the integration of HIV training into ongoing continuing education programs.

## SCHOOLS OF PUBLIC HEALTH

1. Schools of public health should develop multidisciplinary offerings and simultaneously stimulate the further integration of AIDS-related information into all appropriate divisional course offerings. Appropriate release time and resources should be allocated in order to meet this objective.

2. The leadership of schools of public health should foster the education of their faculties concerning HIV, through the creation of interdisciplinary school and university-based AIDS committees, the provision of guest lectureships by leading AIDS experts from a variety of fields and by encouraging and rewarding faculty involvement at every level of the AIDS epidemic.

3. Schools of public health should enhance their partnerships with federal, state, city and local health departments, to increase the bilateral flow of information and expertise. This would include the development of jointly conceived and conducted research and evaluation projects, joint sponsorship of training programs and working cooperatively on service demonstration projects.

4. Schools of public health should increase their partnership with the target communities in order to enhance their ability to effectively educate their constituencies about AIDS through the loan of appropriate faculty, student interns and the provision of financial incentives and institutional resources. Such in-depth interactions will allow faculty of schools of

public health to develop greater sensitivity and knowledge of diverse community groups.

5. The AIDS epidemic highlights the need to expand minority group participation (i.e., racial and sexual orientation diversity) on the faculties of schools of public health.

6. Schools of public health should, in partnership with local health departments and community-based organizations (AIDS and non AIDS-related), develop local strategies to respond to the AIDS epidemic.

7. Schools of public health should stimulate the expansion of HIV-related curricula in other health and professional schools, emphasizing the behavioral, cultural, ethical, legislative, policy and public health aspects of HIV.

8. Schools of public health, health professional schools and other professional schools must develop a mechanism to expand the production of professionals able to assist with the ethical issues presented by this epidemic.

9. Training in ethics and law currently provided in our nation's health professions schools must be markedly improved. This is particularly urgent in schools of public health, in view of the fact that a substantial proportion of graduates assume policy making roles. Expanded ties with schools of law, departments of philosophy and medical ethics would contribute greatly to increasing the production of public health professionals familiar with important ethical and legal concepts.

## GOVERNMENT AND LEGISLATIVE INITIATIVES

1. Federal, state and local governments should require the acquisition of basic competency in all aspects of HIV infection by health professionals and provide funding to upgrade training at every level. In light of the many other pressing health problems addressed by public health professionals, these funds must be incremental, not substitutive.

2. There should be greater communication with community-based organizations by federal, state and local health officials to improve our response to the AIDS epidemic.

3. It is critically important for lawmakers and the public health profession to continue and expand their mutual dialogue in order to foster the passage of initiatives which reflect the input of public health professionals and to supplement legislators' capacity to study proposed alternatives in a comprehensive fashion.

4. Programs which provide AIDS training to public health professionals must address methods to influence increased funding for AIDS-related activities.

5. Creative new means of keeping public health professionals up to date must also be implemented, such as telecommunication networks, special public health hotlines and clearinghouses.

6. The entire CDC data base (excluding violation of confidentiality) on reported AIDS and ARC cases should be utilized to the maximum extent to facilitate investigation into many population-based questions associated with the epidemic. This would facilitate greatly expanded research on the multiple risk factors, regional variations, temporal trends, to name but a few, and bring about better regional planning for the provision of preventive and patient care programs. The CDC should, through regional offices, much like the census bureau, provide technical assistance to those who lack the capacity to manage this data base.

7. The creation of cooperative agreements between the CDC and various public health associations could create a vehicle for facilitating access to data for research, planning and legislative efforts.

8. The Health and Nutrition Examination Survey, the National Family Growth Survey and the Health Interview Survey should be utilized to determine changing patterns of risk behavior, through the addition of a small number of questions and expansion of the specificity of ethnic minority group data to include Hispanic subgroups.

9. Federal and state officials must markedly increase access to drug rehabilitation services to address the chronic unmet needs of drug users and ameliorate the AIDS epidemic.

10. A significant expansion of research on health behavior, including the evaluation of the efficacy of AIDS prevention interventions, is urgently needed.

## PROFESSION'S ROLE, RESPONSIBILITIES AND ACTIVITIES IN THE TREATMENT OF HIV INFECTED PERSONS

Public health professionals are involved in the care of HIV infected persons at every functional level of the nation's health care system. Over half of public health professionals, have a second professional affiliation (e.g., physician, nurse, social worker, administrator) and, therefore, are represented among direct patient care givers, as directors and staff of health provider agencies, as health educators, and as policy makers. Public health professionals fill the majority of epidemiology, biostatistics, environmental health and public health administration roles in this nation.

The principal professional organizations representing public health professionals are the American Public Health Association, Associated Schools of Public Health, American Association of Public Health Physicians, Association of State and Territorial Health Officials, Association of Teachers of Preventive Medicine, the National Association of County Health Officials and the U.S. Conference of Local Health Officers. Each of these organizations has initiated activities related to the HIV infection epidemic. However, as is highlighted in our recommendations, these and future activities could benefit by greater coordination.

Current activities include the development of position papers, sponsorship of continuing education programs for a broad cross-section of health professionals, creation of AIDS specific courses in schools of public health, the development of guide-

lines for AIDS education for public health professionals and the promulgation of newsletters and special HIV-related mailings to public health professionals.

## HIV TRAINING FOR PUBLIC HEALTH PROFESSIONALS

### Training in Schools of Public Health:

There are 23 accredited schools of public health in the country. Combined, they have a student enrollment of 9,000, admitting approximately 3,500 students per year. Over half of all public health students are enrolled in health administration, epidemiology or environmental sciences. Sixteen percent of U.S. public health students are ethnic minority and 58% are women. Approximately one-quarter have completed other graduate training at the time of admission and an additional 5% pursue joint degrees (e.g., nursing, medicine, public administration). Twenty-nine percent are part-time students who are employed during their course of study, usually in the health field. Though the schools of public health are not geographically well-distributed, their students are employed throughout the United States, and in most, if not all countries of the world. Nineteen percent of graduates are employed by hospitals, 14.2% by state and local health departments, 9.6% by the federal government, and 16.7% by universities. The remainder work largely in health associations, insurance companies, and community-based health facilities.

The Task Force reviewed the present status of AIDS-related curricular offerings in schools of public health. While

most schools have incorporated AIDS-related issues into many preexisting courses, only a handful have launched a specific AIDS course. Many schools are currently planning an AIDS multidisciplinary offering or an AIDS course in one division, usually epidemiology (see Appendix V). The goal of the multidisciplinary course offerings is to provide a comprehensive overview of the biomedical, epidemiological, behavioral, cultural and policy issues associated with HIV infection. The Task Force debated the pros and cons of creating a required AIDS course and concluded that the preferred approach was to develop multidisciplinary elective offerings and to simultaneously stimulate the integration of AIDS-related materials into appropriate division-based offerings of the schools. The use of AIDS case studies in policy, epidemiology, biostatistics, population, and sociomedical sciences offerings would facilitate integration. This would insure that all graduates have had exposure to the topic of AIDS, particularly as it related to their specific field of study and ultimate professional role. The Committee also concluded that it is incumbent upon the leadership in the schools of public health to foster the education of their faculties concerning HIV. This can best be facilitated through interdisciplinary school and university based AIDS committees, the provision of guest lectureships by leading AIDS experts from a variety of fields and by encouraging faculty involvement at every level in the AIDS epidemic. Many Task Force members raised the problem of the maldistribution of schools of public health and their recent

isolation from other health professions schools as important obstacles to assuming an appropriate role vis-a-vis the epidemic. Partnerships with other health professions schools, health departments, community-based organizations and professional associations will be critical to ensuring expansion of health professionals' training. Schools of public health have and should continue to stimulate the expansion of health sciences-wide HIV related curricula in other health professions schools, which emphasize the behavioral, cultural, ethical, policy, legislative and public health aspects of HIV infection.

The Task Force also concluded that the schools should enhance their partnerships with federal, state, city and local health departments to increase the bilateral flow of information and expertise. The specific benefits which could accrue by increasing this interaction would include facilitating the awareness of faculty and students concerning the "real world" dilemmas confronted by health departments and fostering the development of joint research, education and service projects. Jointly conceived and conducted research projects could enhance our understanding of the epidemic (e.g., epidemiology) and assist in formulating effective approaches to preventing the further spread of HIV infection (e.g., health education). Joint sponsorship of training programs could enhance continuing education for health professionals at every level and provide a vehicle for offering train-the-trainer opportunities for representatives of ethnic minority and AIDS-related organizations. Working cooper-

atively on service demonstration projects could provide important opportunities to form the critical linkages with community-based providers, often now absent, and also create evaluation research opportunities to identify the relative efficacy of the various AIDS interventions.

The Task Force membership repeatedly highlighted the importance of increasing the involvement of schools of public health with the local community. The fact that so little research has been conducted in ethnic minority communities on the impact of AIDS was noted as a classic example of the dearth of effective community ties. Schools of public health should, in partnership with local health departments and community-based ethnic minority and AIDS organizations, develop local strategies to interdict the AIDS epidemic. The Task Force believed that, while much work could be supported by the good intentions of all parties, funding to upgrade training at every level was critical. In light of the many other pressing health problems addressed by public health professionals, these funds must be incremental, not substitutive.

Training Needs of Practicing Public Health Professionals:

Extensive analysis of the training needs of practicing public health professionals occurred. The Task Force concluded that the training needs of these professionals must be addressed not only by schools of public health but also by the nation's health science, law and journalism schools. The need for expanded production of professionals able to assist with the

myriad ethical issues was cited, together with the importance of increasing interdisciplinary work between public health schools and schools of law and journalism. The civil rights, civil liberties, legislative and ethical concerns are generally not addressed adequately in health professions schools and the AIDS crisis has further highlighted this shortcoming. The pivotal role played by public health professionals in communicating to the public via the media requires the enhancement of interaction between journalists and health professionals.

The Task Force discussed at length the importance of working with community normative values in all AIDS oriented public education. The AIDS epidemic occurs in a broader social context which demands a tolerance for various points of view, an appreciation of the myriad culture-specific responses to AIDS and the need to adapt material, programs and research activities to reflect cultural differences. All educational programs on AIDS, whether designed for professionals or the public, must include front line leaders from gay and ethnic minority communities to insure that the many facets of the epidemic are appreciated.

The importance of reaching out to non-health professionals who have extensive contact with the public, such as fire, police and prison staff was highlighted. Public health professionals have the capacity to provide important training on HIV transmission control and can do much to allay unfounded fears and increase appropriate infection control procedures.

The highest priority groups for HIV training were local health department staff, public health nurses, public health teachers (in schools), community health center staff, family planning clinic staff, primary care center staff and methadone center staff. Though not practicing health professionals, community-based ethnic minority and AIDS-related organizations were identified as an important target audience in light of their extensive contact with higher risk groups.

The Task Force endorsed the notion that all communities must have extensive education of local public health professionals and the public, in light of the inevitable spread of the epidemic. However, most believed great emphasis must be placed on health providers who serve large groups of ethnic minorities, gays, adolescents and sexually active young persons. Creative use of community-based organizations and local health providers is urgently needed to reach at risk youth, many of whom are not in schools. To bring this about, minority health professionals and community leaders must be brought into policy and planning roles in much larger numbers with much more decision making power. Again, the AIDS epidemic only highlights what has been a chronic problem.

Two additional training needs which could be addressed in part by public health professionals were identified. First, there will be a growing demand for training of individuals from various professions in HIV counselling. Schools of social work, psychology, nursing, public health and health education programs

should cooperate regionally to meet this need. Second, many employers (both public and private sector) need assistance in developing AIDS policy for their organizations. Local health departments, health professions and law schools and various professional associations should cooperate in providing such assistance.

The Surgeon General's call for localities to establish community wide task force leadership groups could be an effective model for facilitating public health professions education. Association representatives on the local level, together with community leaders, the local health department and health professions schools could coalesce to provide health professions training and train-the-trainer programs for community-based organizations, thereby producing a multiplier effect. The local health departments could coordinate these efforts. This "leadership group" could, in turn, offer speakers to continuing education programs being organized by various health professions to insure to the maximum extent feasible, the integration of HIV training into ongoing continuing education programs. This approach could be especially effective for physicians in public health roles, many of whom attend few conferences outside their medical specialty. In addition to integrating HIV education into existing continuing education activities, interdisciplinary training programs should be carried out focusing on the functional public health roles of treatment, prevention and policy.

Creative new means of keeping public health professionals up to date must also be considered, such as telecommunications networks, special public health hotlines and clearinghouses. The pending CDC clearinghouse initiatives and the establishment of the AIDS Education and Training Centers will provide a start in this direction.

The Task Force identified the urgent need for extended federal communication with community-based organizations serving ethnic minority communities. The voice of ethnic minority communities, among which AIDS is at crisis proportions, must be heard and the necessary resources provided to address the epidemic on the community level.

## LEGISLATIVE ROLE OF PUBLIC HEALTH PROFESSIONALS AND ETHICAL ISSUES ASSOCIATED WITH HIV EPIDEMIC

Legislative Role:

The level of legislative AIDS activity has steadily grown since the onset of the epidemic. In the 1987 state legislative sessions, 600 AIDS-related bills were introduced, representing a 100% increase over 1986. While many of these bills were ill-conceived and poorly thought out, the overwhelming majority of bills actually passed were consistent with consensus public health principles. During the drafting process on most major AIDS-related bills, state legislative members and staff rely upon the expertise of state and city health department staff. (Two states, Maryland and Illinois, have mandated health departments to provide health professions training.) It is

critically important for lawmakers and public health professionals to expand mutual dialogue so as to avert the passage of politically motivated, poorly conceived legislation, and to foster the passage of progressive initiatives which reflect the input of public health professionals. In order to promote bilateral communication, legislators and public health professionals must acquire an expanded knowledge of each other's settings. Public health professionals, particularly those in influential policy making roles, must thoroughly understand the legislative process. Conversely, legislators must become increasingly familiar with principles of public health which pertain to the unique features of the AIDS epidemic. Public health professionals should assume a prominent role in efforts to expand AIDS funding on the federal, state and local level. Therefore, programs which provide AIDS training to public health professionals must include sessions on methods to influence the distribution of resources. One mechanism is for public health leaders to expand their roles as lobbyists and advisors to legislators, who often do not have the staff support to study proposed alternatives in a comprehensive fashion. Up to the present, the public health agenda has not been in conflict with principles of civil rights and civil liberties. However, if these goals come into greater conflict in the future, the process of public health input to the legislative and judicial process will, of necessity, become much more complex. Greater interdisciplinary communication now, will contribute significantly to

reducing future conflicts. One suggested mechanism for fostering increased use of public health expertise by legislators was the creation of cooperative agreements between CDC and the various public health associations to provide consultation to state and local health departments and legislative committees.

## ETHICAL ISSUES ASSOCIATED WITH THE HIV EPIDEMIC

The needs of legislators and public health officials are similar with respect to the consideration of the ethical issues surrounding the HIV epidemic. Each group requires a firm appreciation of the body of knowledge in law and ethics which supports the formulation of sound policy. Without an understanding of these areas, legislators and public health officials will likely be uncertain about the context within which legally supportable policies are developed. The training in ethics and law provided by our nation's health professions schools is almost uniformly inadequate. It is particularly important for this type of training to be expanded in our schools of public health since these graduates are often in key health policy making roles. Expanded ties with the appropriate professional schools would contribute greatly to increasing the production of ethicists familiar with public health principles and, conversely, public health professionals knowledgeable about principles of ethics. Training must provide a comprehensive understanding of durable power of attorney, due process, confidentiality, police power of the state, informed consent and the right to refuse medical treatment. Also critical are issues associated with civil

commitment, individual liberties and the trade-offs between individual liberties and the life of the child.

## PUBLIC HEALTH PROFESSIONALS' ROLE IN CONTAINING THE EPIDEMIC

Traditionally, the public health field, has been the principal focus of efforts to maintain and improve the health status of the public. AIDS presents an extraordinary challenge to public health, for it arrived at a time of significant complacency over infectious disease and is associated with private activities which do not readily lend themselves to traditional public health disease control measures. The lack of an effective treatment for HIV positives or a vaccine, has forced public health professionals to devise more non-traditional means to interdict this epidemic. The short term outlook for success would be higher if we had a better understanding of means to alter human behavior, and if the federal government, at the highest levels, were supporting the formulation of a national AIDS policy by, for example, endorsing the IOM study and moving swiftly to implement its recommendations.

Because of the rapid pace of the epidemic, the plethora of public concerns, and the uncoordinated funding streams, state, city and local health departments are often reacting as opposed to implementing plans to combat the epidemic in the context of a comprehensive plan. A principal role which public health professionals in health departments must assume, regardless of the formidable obstacles, is to develop and implement within

their locales a comprehensive program of monitoring the epidemic, implementing community-based prevention programs and coordinating the provision of care.

Each of these mandates, monitoring, prevention and care, require the commitment of extensive resources, particularly the availability of appropriate human resources.

With respect to monitoring the course of the epidemic, statistically reliable, locale-specific serosurveys are urgently needed. Only by ascertaining the actual extent and rate of spread of HIV infection can public health leaders plan for the provision of prevention services targeted to the most needy areas and for the future demands on the health care system. A mechanism must be created to assist health departments in designing and implementing serosurveys. Academically based epidemiologists and biostatisticians must be brought into a greater partnership with federal, state and local health departments to realize this objective. Many Task Force members expressed deep concern that the existing CDC database on reported AIDS cases was not being utilized to the maximum extent. Numerous qualified investigators have been denied access to complete data tapes which would facilitate investigation into many population based questions associated with the epidemic. The fact that the CDC only began publicly reporting AIDS cases by race in 1985, despite the fact that 40% of cases were occurring among minorities from the outset of the epidemic, was offered as an example of inappropriate control over the data. The nation's many researchers should be

enjoined in efforts to analyze AIDS trends and their access to CDC data should be markedly expanded. Early in the epidemic, confidentiality concerns legitimately governed some decisions to withhold raw data. Today, the scope of the epidemic has obviated this obstacle. The benefits of increased access are many, including greatly expanded research on multiple risk factors, regional variations, temporal trends, to name but a few. Better regional planning for the provision of prevention and patient care programs and an increased involvement by academia among both faculty and students in the AIDS epidemic would be additional benefits. While many of the nation's schools have the capacity to analyze CDC data tapes, the CDC should provide technical assistance to those which do not. The only potential disadvantage to greater access to CDC data, is the possible misuse or misinterpretation of these data. Within the academic community, such errors are routinely worked through the longstanding mechanisms for the communication of research findings (i.e., peer-reviewed journals and academic conferences).

In implementing prevention programs, public health professionals must rely upon a relatively meager body of research on health behavior. A significant expansion of such research, including the evaluation of the efficacy of AIDS prevention interventions, is urgently needed. Research in this area, as with much of the AIDS-related biomedical research, will provide important information relevant to other health problems.

The Task Force identified several approaches for ascertaining additional AIDS-related behavioral data. The Health and Nutrition Examination Survey (HANES), the Health Intervention Survey and the National Family Growth Survey could be effective vehicles for determining changing patterns of risk behavior through the addition of a small number of questions. Expansion of the specificity of minority group data to include Hispanic subgroups would facilitate understanding cultural patterns in risk behavior. Such a survey, if implemented with greater frequency (i.e., it is currently conducted every ten years), could measure the regional trends in AIDS-related behaviors in relation to broad-based regional prevention efforts, thereby helping to elucidate the relative efficacy of prevention approaches.

Preventing AIDS in the near and long term cannot be divorced from the problem of access to drug treatment. With thousands addicted to drugs unable to gain timely access to treatment, AIDS will continue to spread rapidly among IVDU's. Some cities now have estimated seroprevalence among these populations of 65-70%, the near saturation point, while in other cities, seroprevalence is below 10%. The nation must act now to formulate a universal access policy for drug treatment if AIDS is to be interdicted.

In addition to monitoring the epidemic and devising prevention programs, public health professionals, both in health departments and in provider agencies, have a responsibility to

plan for and assure the delivery of comprehensive services to persons with AIDS. As the volume of AIDS cases increases, this task will become much more complex. An effective coalition of health departments, providers, academicians and community groups will be necessary to address the many issues which will arise. Training concerning the fiscal, administrative and organizational impact on the health care system will be a critical factor influencing our success in rapidly adapting the system to this unprecedented challenge.

## APPENDIX I

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Office of AIDS Services

## APPENDIX III

### PUBLIC HEALTH TASK FORCE ON HIV-RELATED TRAINING NEEDS

I. INTRODUCTION AND REVIEW OF TASK FORCE MANDATE 8:30-9:00

A. Public Health Service Representatives

B. Columbia University School of Public Health

II. HIV TRAINING IN SCHOOLS 9:00-10:30

A. Review amount and type of HIV-related training currently offered in Schools of Public Health.

B. Review the preferred curricular offerings.

C. Ouline role Schools of Public Health should assume in the prevention of AIDS/HIV infection (e.g., training, practicum, research).

D. Analyze roles Public Health professionals currently assuming in the HIV epidemic and roles they are best suited to assume.

E. Schools of Public Health role in the training of students for the provision of care to persons with AIDS.

III. PROVIDING TRAINING TO PRACTISING PUBLIC HEALTH PROFESSIONALS 10:30-11:30

A. Methods for keeping practising public health professionals up-to-date on the current status of the HIV epidemic, treatment modalities, prevention approaches and the research agenda.

B. Needs of public health professionals for training about potential occupational risks associated with HIV positive populations. Role of public health field in educating other health professionals about the relative risks.

C. Role of public health research in addressing the HIV epidemic (i.e., priorities for research such as social science research on prevention; staff attitudes; relative efficacy of health professions' training approaches; vaccine development).

D. Methods used to disseminate information about the HIV epidemic to practicing health professionals. Analyze gaps in knowledge or access to information which currently exist and how they can be rectified.

Lunch and Informal Discussion

IV. PUBLIC HEALTH PROFESSIONALS' ROLE IN CONTAINING THE EPIDEMIC 1:00-3:00

A. Traditional roles of public health professionals in epidemic control in relation to the HIV epidemic (i.e., the differences and similarities.)

B. Application of public health professionals' expertise to this particular epidemic.

C. Role public health professionals should assume in facilitating the training of other health professionals (e.g., physicians, nurses, social workers, policy analysts).

D. Potential contribution to undergraduate medical/nursing school training by Schools of Public Health and practising public health professionals.

V. LEGISLATIVE INITIATIVES AND ETHICAL ISSUES 3:00-4:30

A. Public health professionals' input on the development of state and federal policy.

B. Role of public health professionals and Schools of Public Health in facilitating consideration and incorporation of ethical concerns into the policy making process.

C. Current curricula of health professions schools' ethical issues in medicine and health care delivery.

VI. FUTURE ACTIVITIES OF THE TASK FORCE

A. Review of draft document arising from today's meeting.

B. Participation in upcoming health professions' task force.